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PTO/SB/01 (10-00)

Approved for use through 10/31/2002, OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)		Attorney Docket Number K35A0691
		First Named Inventor WILLIAM B. BOYLE
COMPLETE IF KNOWN		
<input checked="" type="checkbox"/> Declaration Submitted with Initial Filing	OR	Application Number <input style="width: 100%; height: 15px; border: 1px solid black;" type="text"/> UNKNOWN
<input type="checkbox"/> Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)		Filing Date <input style="width: 100%; height: 15px; border: 1px solid black;" type="text"/> HEREWITH
		Group Art Unit <input style="width: 100%; height: 15px; border: 1px solid black;" type="text"/> UNKNOWN
		Examiner Name <input style="width: 100%; height: 15px; border: 1px solid black;" type="text"/> UNKNOWN

As a below named inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

DATA STREAM CONTROL SYSTEM FOR ASSOCIATING COUNTER VALUES WITH STORED SELECTED DATA PACKETS FROM AN INCOMING DATA TRANSPORT STREAM TO PRESERVE INTERPACKET TIME INTERVAL INFORMATION

(Title of the Invention)

the specification of which

is attached hereto

OR

was filed on (MM/DD/YYYY)

as United States Application Number or PCT International

(if applicable).

Application Number

and was amended on (MM/DD/YYYY)

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT International application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?
YES	NO			
			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.
		<input type="checkbox"/>

[Page 1 of 2]

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

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Direct all correspondence to: Customer Number
or Bar Code Label 26332 OR Correspondence address below

Name

Address

Address

City

State

ZIP

Country

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Fax

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR : A petition has been filed for this unsigned inventorGiven Name
(first and middle [if any])

WILLIAM B.

Family Name BOYLE
or SurnameInventor's
Signature

Date 12/22/00

Residence: City

LAKE FOREST

State CA

Country U.S.A.

Citizenship U.S.A.

Mailing Address

25901 ASTOR WAY

Mailing Address

City LAKE FOREST

State CA

ZIP 92630

Country

U.S.A.

NAME OF SECOND INVENTOR: A petition has been filed for this unsigned inventorGiven Name
(first and middle [if any])

RONALD G.

Family Name PARKINEN
or SurnameInventor's
Signature

Date 12/22/00

Residence: City

LAKE FOREST

State CA

Country U.S.A.

Citizenship U.S.A.

Mailing Address

22835 RUMBLE DRIVE

Mailing Address

City LAKE FOREST

State CA

ZIP 92630

Country

U.S.A.

 Additional inventors are being named on the _____ supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.

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PTO/SB/81 (10-00)

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**POWER OF ATTORNEY OR
AUTHORIZATION OF AGENT**

Application Number	UNKNOWN
Filing Date	HEREWITH
First Named Inventor	WILLIAM B. BOYLE
Group Art Unit	UNKNOWN
Examiner Name	UNKNOWN
Attorney Docket Number	K35A0691

I hereby appoint:

 Practitioners at Customer Number

26332

Place Customer
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OR

 Practitioner(s) named below:

Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please change the correspondence address for the above-identified application to:

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<input type="checkbox"/> Firm or Individual Name			
Address			
Address			
City	State	Zip	
Country			
Telephone	Fax		

I am the:

 Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).**SIGNATURE of Applicant or Assignee of Record**

Name	WILLIAM B. BOYLE
Signature	William B. Boyle
Date	12/22/00

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

 Total of 2 forms are submitted.

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PTO/SB/81 (10-00)

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POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number	UNKNOWN
Filing Date	HEREWITH
First Named Inventor	WILLIAM B. BOYLE
Group Art Unit	UNKNOWN
Examiner Name	UNKNOWN
Attorney Docket Number	K35A0691

I hereby appoint:

 Practitioners at Customer Number

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as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

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OR

<input type="checkbox"/> Firm or Individual Name			
Address			
Address			
City	State	Zip	
Country			
Telephone	Fax		

I am the:

 Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

SIGNATURE of Applicant or Assignee of Record

Name	RONALD G. PARKINEN
Signature	
Date	12/22/00

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

 Total of 2 forms are submitted.

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** TOTAL PAGE.05 **